



General Assembly

January Session, 2015

Raised Bill No. 925

LCO No. 3510



Referred to Committee on COMMITTEE ON CHILDREN

Introduced by:
(KID)

***AN ACT ESTABLISHING A HOME VISITATION PROGRAM
CONSORTIUM.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. (NEW) (*Effective from passage*) (a) There is established a
2 Home Visitation Program Consortium that shall oversee the
3 implementation of the recommendations for the coordination of home
4 visitation programs within the early childhood system provided to the
5 joint standing committees of the General Assembly having cognizance
6 of matters relating to appropriations, human services, education and
7 children pursuant to section 17a-22dd of the general statutes, as
8 amended by this act.

9 (b) The consortium shall consist of the following members:

10 (1) Four representing families who are receiving services or have
11 received services within the last five years from one or more home
12 visitation programs in the state;

13 (2) Not less than eight representing home visitation programs in the

14 state, each of whom shall utilize a different home visitation model;

15 (3) Two representing private advocacy organizations that provide
16 services for children and families in the state;

17 (4) One representing the United Way of Connecticut 2-1-1 Infoline
18 program;

19 (5) One representing the Connecticut Head Start State Collaboration
20 Office;

21 (6) The Commissioner of Early Childhood, or the commissioner's
22 designee;

23 (7) The Commissioner of Children and Families, or the
24 commissioner's designee;

25 (8) The Commissioner of Developmental Services, or the
26 commissioner's designee;

27 (9) The Commissioner of Education, or the commissioner's designee;

28 (10) The Commissioner of Mental Health and Addiction Services, or
29 the commissioner's designee;

30 (11) The Commissioner of Public Health, or the commissioner's
31 designee; and

32 (12) The Child Advocate of the Office of the Child Advocate, or the
33 advocate's designee.

34 (c) Notwithstanding the provisions of section 4-9a of the general
35 statutes, the Commissioner of Early Childhood shall appoint the
36 members of the board listed under subdivisions (1) to (5), inclusive, of
37 subsection (b) of this section. The remaining members shall serve as ex-
38 officio members of the board.

39 (d) All appointments to the consortium shall be made not later than

40 thirty days after the effective date of this section. All members shall
41 serve an initial term of two years. Following the expiration of their
42 initial terms, subsequent members appointed to the board shall serve
43 one-year terms. Any vacancy shall be filled by the appointing
44 authority not later than thirty calendar days after the office becomes
45 vacant. Any member previously appointed to the board may be
46 reappointed.

47 (e) The Commissioner of Early Childhood shall select two
48 chairpersons of the board from among the members of the board. Such
49 chairpersons shall schedule the first meeting of the board, which shall
50 be held not later than sixty days after the effective date of this section.
51 The board shall meet at least monthly.

52 (f) The members shall serve without compensation but shall, within
53 available appropriations, be reimbursed in accordance with the
54 standard travel regulations for all necessary expenses that they may
55 incur through service on the board.

56 (g) Each member shall be entitled to one vote on the board. A
57 majority of the board shall constitute a quorum for the transaction of
58 any business, the exercise of any power or the performance of any
59 duty authorized or imposed by law.

60 (h) The administrative staff of the Office of Early Childhood shall
61 serve as administrative staff of the consortium.

62 (i) Not later than September 15, 2016, and annually thereafter, the
63 consortium shall submit a report, in accordance with the provisions of
64 section 11-4a of the general statutes, to the joint standing committee of
65 the General Assembly having cognizance of matters relating to
66 children. Such report shall include (1) the status of the implementation
67 of the recommendations for the coordination of home visitation
68 programs within the early childhood system provided pursuant to
69 section 17a-22dd of the general statutes, as amended by this act, (2) the
70 level of collaboration among home visitation programs in the state, (3)

71 any recommendations for improvements in the collaboration among
72 home visitation providers and other stakeholders, and (4) any
73 additional information that the consortium deems necessary and
74 relevant to improve the provision of home visitation services in the
75 state.

76 Sec. 2. Section 17a-22dd of the general statutes is repealed and the
77 following is substituted in lieu thereof (*Effective from passage*):

78 (a) Not later than December 1, 2014, the Office of Early Childhood,
79 through the Early Childhood Education Cabinet, shall provide
80 recommendations for implementing the coordination of home
81 visitation programs within the early childhood system that offer a
82 continuum of services to vulnerable families with young children,
83 including prevention, early intervention and intensive intervention, to
84 the joint standing committees of the General Assembly having
85 cognizance of matters relating to appropriations, human services,
86 education and children. Vulnerable families with young children may
87 include, but are not limited to, those facing poverty, trauma, violence,
88 special health care needs, mental, emotional or behavioral health care
89 needs, substance abuse challenges and teen parenthood. The
90 recommendations shall address, at a minimum:

91 (1) A common referral process for families requesting home
92 visitation programs;

93 (2) A core set of competencies and required training for all home
94 visitation program staff;

95 (3) A core set of standards and outcomes for all programs, including
96 requirements for a monitoring framework;

97 (4) Coordinated training for home visitation and early care
98 providers, to the extent that training is currently provided, on cultural
99 competency, mental health awareness and issues such as child trauma,
100 poverty, literacy and language acquisition;

101 (5) Development of common outcomes;

102 (6) Shared reporting of outcomes, including information on any
103 existing gaps in services, disaggregated by agency and program, which
104 shall be reported annually, pursuant to section 11-4a, to the joint
105 standing committees of the General Assembly having cognizance of
106 matters relating to appropriations, human services and children;

107 (7) Home-based treatment options for parents of young children
108 who are suffering from severe depression; and

109 (8) Intensive intervention services for children experiencing mental,
110 emotional or behavioral health issues, including, but not limited to,
111 relationship-focused intervention services for young children.

112 (b) The Office of Early Childhood, [as established in section 1 of
113 substitute house bill 6359 of the January 2013, regular session,] in
114 collaboration with the Departments of Children and Families,
115 Education and Public Health, to the extent that private funding is
116 available, shall design and implement a public information and
117 education campaign on children's mental, emotional and behavioral
118 health issues. Such campaign shall provide:

119 (1) Information on access to support and intervention programs
120 providing mental, emotional and behavioral health care services to
121 children;

122 (2) A list of emotional landmarks and the typical ages at which such
123 landmarks are attained;

124 (3) Information on the importance of a relationship with and
125 connection to an adult in the early years of childhood;

126 (4) Strategies that parents and families can employ to improve their
127 child's mental, emotional and behavioral health, including executive
128 functioning and self-regulation;

129 (5) Information to parents regarding methods to address and cope
 130 with mental, emotional and behavioral health stressors at various ages
 131 of a child's development and at various stages of a parent's work and
 132 family life;

133 (6) Information on existing public and private reimbursement for
 134 services rendered; and

135 (7) Strategies to address the stigma associated with mental illness.

136 (c) Not later than October 1, 2014, and annually thereafter, to the
 137 extent that private funding is available under subsection (b) of this
 138 section, the Office of Early Childhood shall report, in accordance with
 139 the provisions of section 11-4a, to the joint standing committees of the
 140 General Assembly having cognizance of matters relating to children
 141 and public health on the status of the public information and
 142 education campaign implemented pursuant to subsection (b) of this
 143 section.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	New section
Sec. 2	<i>from passage</i>	17a-22dd

Statement of Purpose:

To establish a Home Visitation Program Consortium that shall (1) oversee the implementation of the recommendations for the coordination of home visitation programs within the early childhood system provided pursuant to section 17a-22dd, and (2) ensure the continued collaboration of home visitation programs within the state in order to improve the services offered to vulnerable families with young children.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]